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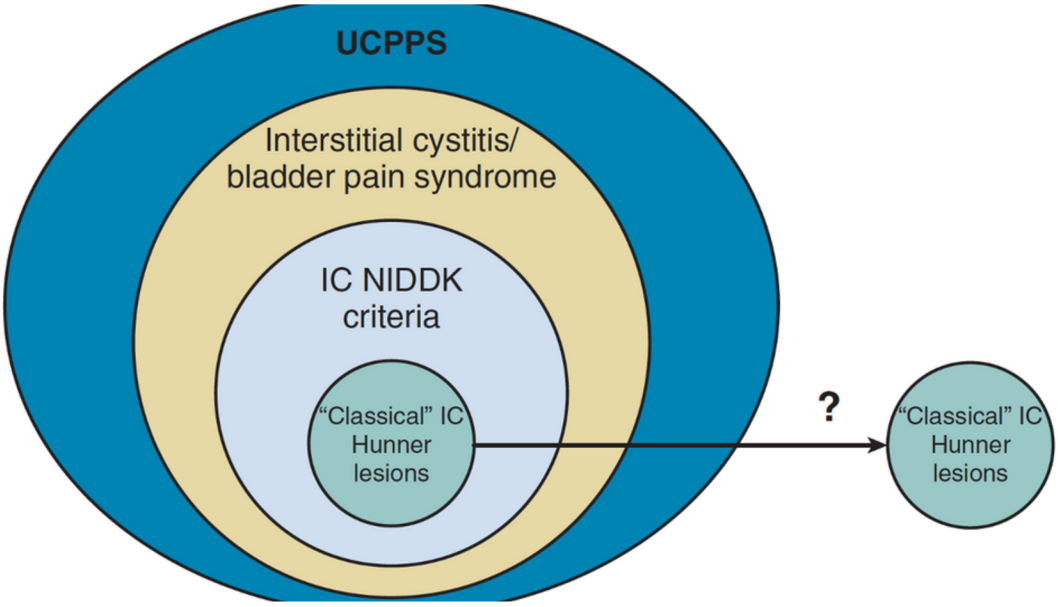
GLOBAL INTERSTITIAL CYSTITIS BLADDER PAIN SOCIETY

GIBS NEWSLETTER



Author : Dr. Sender Herschorn

Evolution of Phenotyping in IC/BPS

Over the years there have been developments on classifying or phenotyping patients with IC/BPS.

In 2008, the European Society for the Study of Bladder pain syndrome (ESSIC) defined the condition as chronic (>6 months) pelvic pain, pressure, or discomfort perceived to be related to the urinary bladder and accompanied by other symptoms such as the persistent urge to void or frequency. They emphasized ruling out confusable diseases and identifying patients by subtype, especially the presence of Hunner lesions (1).

Fall et al. reviewed the clinical aspects of Hunner lesion disease and noted that cystoscopy is the method of choice for diagnosis and histopathology may confirm it. This form is relatively uncommon and more frequently seen in older patients. They emphasized that there is no indication that BPS and Hunner lesion disease is a continuum of conditions, one developing into the other (2). Doiron et al. also reported similar characteristics with Hunner lesion disease; patients were older with worse bladder symptoms. However, they still manifested other nonbladder conditions (3).

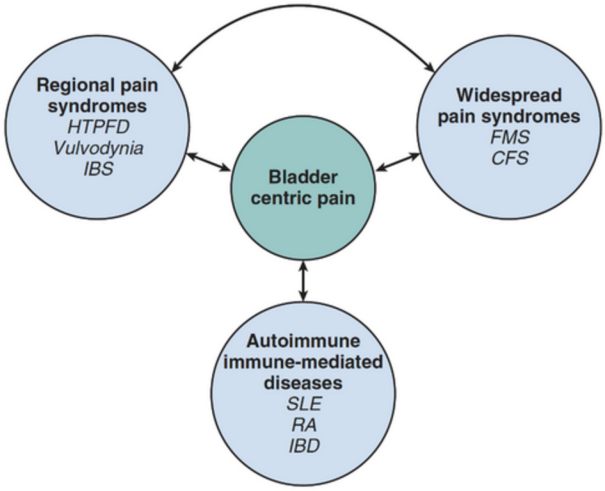
IC/BPS is diagnosed by bladder-centric pain but is associated with regional pain syndromes (high-tone pelvic floor dysfunction, vulvodynia, irritable bowel syndrome), widespread pain syndromes (fibromyalgia, chronic fatigue), and autoimmune and immune-mediated diseases (SLE, RA, inflammatory bowel disease)(4).

Because of the heterogeneity of etiologies and overlapping symptoms the diagnosis and management of IC/BPS is controversial. Few objective parameters are available to differentiate patients, (except Hunner lesions). There is also an absence of biomarkers. Furthermore, many clinical trials have failed due to inclusion of inhomogeneous patients. Shoskes et al. introduced a six-domain phenotype which can classify patients clinically and can direct the selection of therapy in an evidence based multimodal manner (5). The 6 domains (Urinary symptoms, Psychosocial dysfunction, Organ-specific findings, Infection, Neurologic dysfunction, and Tenderness of muscles) or UPOINT can be linked to specific therapy (6). Phenotyping can direct multi-modal therapy.

In 2008 the NIDDK and NIH launched Multidisciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network to better understand the relationships between UCPPS and chronic overlapping pain conditions (COPCs).

MAPP 1 (2009-2014)

Associated disorders



CFS, Chronic fatigue syndrome
FMS, fibromyalgia syndrome
HTPFD, high-tone pelvic floor dysfunction
IBD, inflammatory bowel disease
IBS, irritable bowel syndrome
RA, rheumatoid arthritis
SLE, systemic lupus erythematosus

Teams of researchers with clinical, basic science, neuroscience, biostatistical, and epidemiological research expertise conducted studies exploring the interplay between urologic systems and other physiological systems to produce a systemic and holistic characterization of UCPPS. Over 14 years the MAPP Research Network conducted two primary clinical protocols: The Trans-MAPP Epidemiology and Phenotyping Study (EPS) spanned the MAPP I phase of 2008-14 and The Trans-MAPP Symptom Pattern Study (SPS) spanned the MAPP II phase from 2014-2022 (7).

In the first MAPP study 424 participants were followed for 12 months and key learnings were related to different patient phenotypes (8). The Mapp II symptom pattern study involves 620 patients followed for 36 months and follow-up is ongoing (9).

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GLOBAL INTERSTITIAL CYSTITIS BLADDER PAIN SOCIETY

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58th Annual Conference of Urological Society of India

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[GLOBAL INTERSTITIAL CYSTITIS, BLADDER PAIN SOCIETY - UROLOGICAL SOCIETY OF INDIA]

DECODE, DEMYSTIFY & DRIVE IC/BPS

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9-12th January 2025

[Exact date and time will be announced shortly]

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